DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 4 — 0 0 2

2. STATE: TENNESSEE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 12, 2004

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.12(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2003/2004 $ 0
b. FFY 2004/2005 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 7, page 89.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Section 7, page 89.

10. SUBJECT OF AMENDMENT:
General Provisions - State Governor's Review.

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
J. D. Hickey

14. TITLE:
Deputy Commissioner

15. DATE SUBMITTED:
July 14, 2004

16. RETURN TO:
Tennessee Department of Finance
and Administration
Bureau of TennCare
729 Church Street
Nashville, Tennessee 37247-6501

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
July 14, 2004

18. DATE APPROVED:
08/09/04
PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07/12/04

20. SIGNATURE OF REGIONAL OFFICIAL:
Renard L. Murray

21. TYPED NAME:
Renard L. Murray, D.M.

22. TITLE:
Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

Revision: HCFA-PM-91-4 (BPD) OMB No. 0938-
AUGUST 1991

State/Territory: TENNESSEE

Citation	7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Center for Medicare and Medicaid Services with such documents.

X Not applicable. The Governor --

X Does not wish to review any plan material.

___ Wishes to review only the plan materials specified in the enclosed document

I hereby certify that I am authorized to submit this plan on behalf of

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
(Designated Single State Agency)

Date: 7/14/2004

(Signature)

Deputy Commissioner
(Title)

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